

Euthanasia: A Legal and Ethical Dilemma Between the Right to Life and the Right to Die

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ABSTRACT

Euthanasia, or mercy killing, is a subject of intense legal, ethical, and social debate worldwide. In India, the issue is particularly complex due to the interplay of constitutional rights, cultural values, religious beliefs, and medical ethics. This paper examines euthanasia in India from a multidisciplinary legal perspective, tracing its historical evolution, current legal status, and surrounding moral discourse. It reviews key judicial developments, particularly the landmark Supreme Court ruling in *Common Cause v. Union of India* (2018), which legalized passive euthanasia and upheld advance medical directives. The classification of euthanasia active, passive, voluntary, non-voluntary, and involuntary is discussed, along with the ethical dilemmas each presents. While active euthanasia involves a deliberate act to cause death, passive euthanasia refers to withdrawal of life support, raising debates on the moral difference between acts and omissions. The paper further examines Article 21 of the Constitution, where the “right to life” has evolved to include the “right to die with dignity.” Ethical concerns, including medical obligations, autonomy, and religious viewpoints, are addressed to provide a holistic understanding. A comparative study of laws in the Netherlands, Belgium, Canada, Australia, and the United States highlights global perspectives relevant to India. Euthanasia raises constitutional and ethical challenges, with critics warning of potential misuse against vulnerable groups, while supporters stress autonomy and relief from suffering. The Law Commission’s reports and principles of beneficence, non-maleficence, autonomy, and justice remain central to the debate. Ultimately, robust legal safeguards and ethical oversight are essential to balance compassion with caution in regulating euthanasia in India.

KEYWORDS: Ethical dilemma, right to life, human dignity. consent, passive euthanasia

Introduction

Life and Death are like an object and its shadow, the more we get older, the bigger the shadow

is and closer to death. If everyone has the right to life then they must have the right to die with dignity. Friedrich Nietzsche said that “*One should die proudly when it is no longer to live proudly*”. The term

‘Euthanasia’ is derived from two Greek words; *Eu* & *Thanatos*. *Eu* means ‘good’ and *Thanatos* means ‘death’. It simply means to end someone’s life for good, where a person can die peacefully without any sufferings. The term ‘Euthanasia’ was coined by Sir Francis Bacon in 17th century. It is also called as Mercy Killing.

Euthanasia is simply to be able to die with dignity at a moment when life is devoid of it. (*Marya Mannes*)

Euthanasia, derived from the Greek words "eu" (good) and "thanatos" (death), literally means "good death." It refers to the practice of intentionally ending a person’s life to relieve intractable suffering, often in the context of terminal illness or extreme pain.

The core of euthanasia debate revolves around human dignity, personal liberty and the right to die. In a world where individual rights, ethics are moral values are given importance, euthanasia is a topic which requires thoughtful discussions and above all, a deep sense of empathy.

Historical Background Of Euthanasia

To understand the concept of Euthanasia it is necessary to dive into the history of Euthanasia. The idea of mercy killing was developed in the ancient time and some famous thinkers like Plato supported it while Hippocrates opposed it.

During the Middle Ages the catholic churches strongly criticize the concept of euthanasia, influenced by St. Thomas Aquinas, the church believed that ‘choosing Death to avoid sufferings is morally wrong’.

In The Renaissance period thinkers like Thomas More and Francis Bacon gave a modern shape to euthanasia in order to relieve from suffering.

In the 20th century euthanasia was misused by Nazi regime to justify the killing of people who are unfit to live.

Since 1960s many countries have passed laws on euthanasia especially in the cases of patients who are terminally ill.

Euthanasia and Assisted Euthanasia in Ancient Times:

In ancient times, some philosophers like Plato were of opinion that individuals having a poor health condition should be allowed to die, as their sufferings made life meaningless¹. He even criticized doctors who tried too hard to prolong life, calling it unnecessary and painful².

On the Other hand, Hippocrates, the father of medicine, contended that a doctor’s role is to save life and his Hippocratic oath forbids him from giving a deadly drug to anyone that may take the life of a patient.

During the Roman Empire, suicide was accepted in case of terminally ill patients who suffer unbearable pain without medicine. This was practised because of the lack of medical knowledge and treatment. However, with the rise of Catholic Church, this perspective was changed and suicide became a sin.

Euthanasia and Assisted Euthanasia in the Middle Ages:

During the Middle Ages, the Catholic Church Had strong control over science, art, and medicine. Due to solid religious tendency and the persistence of Augustinian thought, suicide was not well seen³. During this period, people who end their own lives could not be buried “Christianly”.

Euthanasia in Renaissance:

During the Renaissance period, thinkers like Thomas More and Francis Bacon gave a modern shape to euthanasia. They believed that when a person is seriously ill with little hope or no hope of recovery then, death could be gently accelerated to avoid unnecessary suffering⁴.

Thomas More, in his book *Utopia*, introduced the concept of a *Peaceful and Dignified Death* as the final act of life. If someone is suffering from pain and wish to die then, with their consent and approval of the priest and authorities, their lives should be taken by giving a lethal drug.

In 17th century, John Andrae, criticized the idea of Thomas More and Bacon and argued that, euthanasia should not be encouraged to the terminally ill patients, rather they should be treated with care and compassion.

In 19th century, well-known doctors like Christoph Hufeland rejected the idea of euthanasia and strongly stated that; a doctor's duty is to preserve life, no matter how difficult or painful that life might be⁵.

Euthanasia in 20th Century:

During the early 20th century, new ideologies such as utilitarianism, social Darwinism started to influence euthanasia, especially in countries like England and Germany. Committees were formed to debate on euthanasia, involving doctors, lawyers, philosophers and theologians.

During the time of poverty, war and famine, euthanasia was highly promoted as a means to eliminate the lives of 'unfit'.

Current and Future Perspective of Euthanasia:

In today's era, many a country have legalized euthanasia. But still there is a conflict between medical ethics, law and personal beliefs. In 2002, Netherland is the first country to legalize euthanasia, thereafter countries like Belgium, New Zealand, Australia, U.S. have also legalised euthanasia with certain guidelines. In India passive euthanasia is accepted.

But there are still some Islamic and Christian countries who oppose all forms of assisted death, including active euthanasia, passive euthanasia and assisted death.

Types of Euthanasia

- **Voluntary Euthanasia:** It is a type of euthanasia, where a competent person gives his consent voluntarily to end his own life. This type of euthanasia is legal in some countries like Belgium, Netherland, and Canada under strict conditions.
- **Non- Voluntary Euthanasia:** This type of euthanasia is carried out when the patient is in a state where he is unable to give his consent, often in cases involving individuals in a vegetative state or too young to give consent.
- **Involuntary Euthanasia:** Involuntary Euthanasia is conducted against the will of the patient. This type off euthanasia are considered as murder and is illegal in almost every country.
- **Active Euthanasia:** Active Euthanasia refers to the deliberate use of a lethal substance to take the life of a patient. This type of euthanasia is illegal in most countries but permitted in some countries like, Netherland and Canada.

- **Passive Euthanasia:** It refers to the withholding or withdrawing of medical treatment (e.g. turning off life support or stopping a feeding tube), resulting in patient's death. It has been considered as legal in many countries like U.S.A, India etc.

Airedale NHS Trust v. Bland (1993)

In this case, Tony Bland was a victim of Hillsborough football stadium disaster which was caused on 15th April 1989, where 96 people were died. Mr. Bland was left in a persistent vegetative state, keep alive by life support machines and artificial hydration and feeding. The NHS hospital approach the court for permit to withdraw life support and the House the Lords unanimously declare that, the doctors could lawfully withdraw the artificial treatment for Mr. Bland. Therefore, in this case, passive euthanasia was allowed.

This was the first case on euthanasia around the world, where passive euthanasia was allowed but not legalized in a manner in which it is today.

Euthanasia in U.S.A.

Generally active euthanasia is illegal in USA. Where a physician directly administers a lethal drug,

is considered homicide under U.S. criminal law, even if done at the patient's request. This includes both voluntary and non-voluntary euthanasia. There is no federal or state statute that permits active euthanasia. When a doctor provides a patient with the means (usually medication) to end their own life. This is legal in some states under specific laws. This is Physician-Assisted Suicide (PAS).

In U.S.A, Oregon was the first state to recognise assisted dying in 1997 and today 10 states and one federal district of America have legalised assisted dying. The euthanasia law in Oregon states that the terminally ill patient must be;

- Above 18 years of age,
- mentally competent
- terminal illness must lead to death within 6 months.

The Oregon model of law on euthanasia is drafted in a manner that balances both the medical ethics and law, as a consequence of which it is now supported by those persons who once opposed it and is now an international blueprint for safe and effective assisted dying law.

Table 1: States Where Physician-Assisted Suicide Is Legal (as of July 2025)

State	Law	Year Enacted
Oregon	Death with Dignity Act (ORS §127.800–127.897)	1997
Washington	Death with Dignity Act (RCW 70.245)	2009
California	End of Life Option Act (Health & Safety Code §443–443.22)	2016

State	Law	Year Enacted
Colorado	End of Life Options Act (C.R.S. §25-48-101 to 123)	2016
Vermont	Patient Choice and Control at End of Life Act (18 V.S.A. Chapter 113)	2013
Hawaii	Our Care, Our Choice Act (HRS §327L)	2019
New Jersey	Aid in Dying for the Terminally Ill Act (N.J.S.A. §26:16)	2019
Maine	Death with Dignity Act (22 MRS §2140)	2019
New Mexico	Elizabeth Whitefield End of Life Options Act (Chapter 24, Article 7C NMSA 1978)	2021
Montana	Legal through court ruling – <i>Baxter v. Montana</i> (2009)	Court ruling

Euthanasia in Australia

Voluntary Assisted Dying is legal in every state of Australia. In 2017, Victoria was the first state to allow assisted dying⁶. The Australian Capital Territory has recently passed a law on voluntary assisted dying which will come into effect on 3rd November 2025⁷. The assisted dying law of Australia is very much similar to that of the United Kingdom.

Euthanasia in the Netherlands

Euthanasia in the Netherlands is regulated by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act, which came into effect in 2002. The law permits physicians to perform euthanasia or assist in suicide under strict conditions, provided the patient makes a voluntary and well-considered request, is experiencing unbearable

suffering with no prospect of improvement, and has been fully informed of their situation and options. At least one independent physician must confirm these criteria, and the procedure must be carried out with due medical care. All cases must be reported to a Regional Review Committee, which ensures the legal requirements were met. If followed correctly, the physician is not criminally liable.

Euthanasia in Belgium

The Belgian Act on Euthanasia, enacted in 2002, legalizes euthanasia under strict conditions to ensure it is carried out ethically and responsibly. The law permits euthanasia for adults who are legally competent and experiencing unbearable physical or psychological suffering due to a serious and incurable medical condition. The patient's request must be voluntary, well-considered, and documented in writing. Physicians are required to consult at least

one independent doctor to verify that all legal criteria are met before proceeding. Additionally, the Act allows euthanasia for minors deemed competent under stringent safeguards, making Belgium one of the few countries to extend such provisions. All euthanasia cases must be reported to a federal commission, which reviews the compliance of each case with the law to maintain oversight and accountability.

In Canada, Medical Aid in Dying (MAID) allows voluntary euthanasia. This law is applicable to the followings;

- people having a serious and incurable illness, disease or disability,
- they are all in a state of incurable or irreversible decline in capability,
- they must have been through unbearable physical or mental sufferings.

People who are not terminally ill can also apply for voluntary euthanasia, but in this case, they must require to undergo a 90-day assessment period⁸.

Ethical and Moral Issues on Euthanasia

The major issue that revolves around the legalization of euthanasia is the fear of misuse of euthanasia because the legalization may lead involuntary or forced death, especially in case of rising healthcare costs and aging population. Some healthcare professionals and bioethicists believe the theory of *futile care*, which means, the value of a human life is evaluate on the basis of financial costs of sustaining that life.

With increasing demand for organ transplant and shortage of donors, there is a chance of misuse of euthanasia, in other words, patients in permanent

vegetative state might be forced to death, so that their organs can be used. Critics have argued that, legalizing euthanasia could put individuals with mental illness or coma or disabilities at risk. On the other hand, some bioethicists are of the opinion that individuals with limited resources and require excessive medical care should be pushed in the mouth of death for the greater good of the society. However, it is necessary to feel the unbearable pain that a patient go through. Many such individuals endure unbearable pain and poor quality of life, leading them to prefer a peaceful death over prolonged suffering. In certain cases, individuals choose death even when they are mentally competent, but deeply depressed.

Supporters of euthanasia have argued that, individuals who are terminally ill or can't be cured, should be allowed to die, if not then, it would be not less than cruelty towards such individuals or patients. They believe that euthanasia is a medium that can relieve their pain.

Moreover, they stressed on the '*principle of consent*' – if the choice to die is voluntary and informed, then, neither the patient nor the physician is committing any moral wrong.

Religious beliefs are of the opinion that, taking one's own life is a moral wrong. In almost every religion, suicide is seen as a sin and it is similar to commit a murder. According to them, suffering is not a just and fair reason to end a life. They often refer to the doctrine of '*Double Effect*', which accepts that if a doctor administers medicine to relieve pain, even if it unintentionally hastens death, it is morally acceptable so long as the intention is to ease suffering, and not to kill.

Right to Life & Right to Die

Right to life is a fundamental human right of every human being that emphasizes the inherent value of every human being. There is no doubt that every person has the right to life but does they have the right to die? Article 21 of the Constitution of India encompasses right to life but it does not provide the right to die.

Whether a person possesses the right to die has been discussed the various Landmark judgements;

Article 21 of the Indian Constitution state that no person shall be deprived of his life or personal liberty except in accordance with the procedure established by law.

Over the years the Indian Judiciary has expanded the scope of article 21 by interpreting in a liberal manner. Now a days a wide range of rights are being covered under the umbrella of article 21. It includes the right to health right to privacy right to dignity and many more. According to article 21, life does not only mean physical survival but it goes for beyond that. It includes a life having a meaning and dignity as its core element.

In the case of *K.S.Puttaswamy vs Union of India & Ors*⁹, supreme court of India held that human dignity is an integral part of right to life and personal liberty. Furthermore, in the case of individuals experiencing terminal illness or unbearable sufferings, the right to live with dignity has also been interpreted to include the right to die with dignity. In our Indian legal context, the right to die has not been recognized as a general right but it acknowledges the right to die with dignity.

In the case of *Maruti Dubal v. State of Maharashtra*¹⁰, the petitioner challenged section 309 of IPC & contended that every man is master of his own body and has the right to deal with it as he pleases. The Bombay High court ruled that the constitutional right to live includes the right not to live or the right to end one's life. The Bombay High court held that section 309 of IPC was ultra vires of the constitution and struck it down.

Is it constitutionally permissible to paralyzed suicide? This question was a rose in the supreme court in *P. Rathinam v. UOI*¹¹, the supreme court rightly held that committing suicide is an psychological problem rather than and criminal act and struck down section 309 of IPC as being void and ineffective and also held that section 309 wallets right to life guaranteed under article 21 of the Indian Constitution.

However, the judgement given in the case of *P Rathinam* was not hold for long. In *Guan Kaur v. State of Punjab*¹², it was argued that right to die is covered under article 21 of the constitution and any person who helped another person for committing suicide is merely facilitating the enforcement of a Fundamental Right, implying that section 306 of IPC that prescribes punishment for abatement of suicide is also unconstitutional.

The supreme court of India rejected this argument and overruled its earlier judgement and once again upheld the constitutionality of section 309 of IPC.

The court asserted that:

We find it difficult to construe Article 21 to include within it the "right to die" Ajay part of fundamental right guaranteed therein. "Right to life" is a natural right embodied in article 21, but suicide is an

unnatural termination or extinction of life and therefore, incompatible and inconsistent with the concept of "right to life"¹³. The Gian Kaur judgement opened the scope to legalize euthanasia within our existing legal framework. The court held that though the constitutional right to life did not include the right to die, it did encompass the 'right to die with dignity'¹⁴.

Aruna Ram Chandra Shanbaug v. Union of India

Facts of the Case:

Aruna Shanbaug was a nurse at King Edward Memorial (KEM) Hospital, Mumbai. On 27th November 1973, Aruna, then 25, while changing her clothes in a room meant for experimental surgeries on dogs¹⁵, she was assaulted by a hospital sweeper. With an intention to rape her, he immobilized her by twisting a dog chain around her neck. Later on, she was found unconscious for nearly 12 hours. Aruna suffered acute brain damage because the oxygen supply to her brain had been blocked for a long period of time¹⁶. She was never recovered from that attack and became a helpless patient for the rest of her life. In 2009, a journalist Pinki Virani wrote a book on Aruna's life and filed a petition in the Supreme Court of India to seek direction for KEM Hospital to stop feeding Aruna Shanbaug in order that she may exercise her right to die in peace and dignity¹⁷. In response, the KEM Hospital filed a counter-affidavit stating that, Aruna accepting food normally and responded through facial expressions. The Supreme set up a team of 3 doctors to observe the physical and mental state of Aruna and to report the same. The team of 3 doctors reported that Aruna was in a state of Permanent Vegetative State in

many respects, but she was neither brain dead nor comatose.

Judgement of the Supreme Court:

The Supreme Court endorsed the recommendation of the team of doctors that the Dean of the hospital was best placed to decide on the euthanasia plea as Aruna's 'next friend'¹⁸, he replied that, a country like India is not ready for the execution of euthanasia and she should be allowed to die a natural death. The Supreme Court differentiated between active euthanasia and passive euthanasia. Active euthanasia refers to the use of any lethal substance that can end the life of a person while passive euthanasia means withdrawing of medical treatment that gradually leads to death of an individual. Countries like U.S.A, Mexico and Ireland have legalized passive euthanasia, but active euthanasia is illegal. The Supreme Court drew a fine line between an 'act' and 'omission', in order to legalize passive euthanasia while holding the illegality of active euthanasia. It allowed passive euthanasia (or not illegal) and ruled that failure to save a person could not be punishable.

In 2018, a registered society, Common Cause, filed a writ petition before the Supreme Court under Article 32 of the Indian Constitution, to include the 'right to die with dignity' as a fundamental right within the ambit of "right to live with dignity" under Article 21 of the Constitution of India. The Supreme Court of India in the case of *Common Cause v. Union of India*¹⁹ ruled that, the fundamental right life and dignity also includes the right to refuse treatment and die with dignity. It was also held that the fundamental right to a meaningful existence includes the right to die without pain.

Role of Law Commission of India

196th Law Commission Report on Medical Treatment to terminally ill patients (2006)

This report is considered as one of the crucial subjects ever undertaken by the Law Commission of India. In this report, it examines various legal cases from India and other countries on topics like euthanasia, assisted suicide, abetment of suicide, suicide and stopping life support treatment. The Law Commission of India has framed a draft of proposed bill on; “Medical Treatment of Temporary ill Patients (Protection of Patients and Medical Practitioners).

Bill, 2016. This bill aims to protect the rights of terminally ill patients, including those in a permanent vegetative state, who wants to die naturally by withdrawing modern life support treatment.

241st Law Commission Report on Passive Euthanasia (2012)

This report focused on passive euthanasia and the concept of *living will* and also explained the ethical responsibilities of doctors in such cases. This report also discussed about the need of a legislation on passive euthanasia. In the end it also recommended some changes in its 2006 draft bill; Medical Treatment of Temporary ill Patients (Protection of Patients and Medical Practitioners) Bill, 2016.

Guidelines on Euthanasia

In 2018, a 5-Judge Constitution Bench has unanimously held that the right to die with dignity is a fundamental right and allowed passive euthanasia. In 2019, a miscellaneous application was filed before the Supreme Court to modify some of the guidelines

prescribed in the 2018 judgement and also to prescribe a convenient procedure for euthanasia.

In 2023, the Supreme Court of India prescribed the procedure for withholding life support from terminally ill patient. In the case of ***Common Cause v. Union of India***¹⁹, passive euthanasia was recognised allowed to create a *living will*, which means a document that states the wish not to be kept alive through artificial means if they become terminally ill.

The Indian Society of Critical Care Medicine, a medical society, approached the court to simplify the procedure and to make it practicable. Changes made by Supreme Court;

- The process to approve and implement the living will was simplified and time-saving.
- The formalities are fewer now and the approvals from different levels of medical board and magistrate has been relaxed.
- The new procedure is based on the decision of the hospital. Hospitals shall decide after consultation with the family members of the family.

The court emphasised that every individual has the right to die with dignity and to respect their wish regarding end-of-life care.

These changes make the end-of-life decision easier for both the patient and the doctor. It reduced unnecessary delays in extreme serious cases and ensure the proper and fair execution of passive euthanasia.

Conclusion

Euthanasia is a deeply complex and debatable topic that includes law, medicine, moral,

ethics and human rights. It raises some serious questions on life, death, personal liberty, role of the state and the duties of medical professionals. With the changing society, the medical technologies have also been advanced, the natural process of dying has increasingly come under human control, resulting serious reflection on when, how and whether life should be prolonged in all circumstances.

On one side, euthanasia is seen as a tool to avoid unbearable pain, terminal illness, chronic sufferings or irreversible vegetative conditions. It is based on the belief that individuals have the right to choose a peaceful and dignified death rather than a painful death.

On the other side, critics have argued that, legalization of euthanasia may cause dangerous precedents. There is a chance of abuse or misuse of euthanasia. There is also the ethical dilemma for medical practitioners, whose duty is to save lives and not to end it. From the religious point of view, life is sacred and it can only be taken away by a supreme power i.e., GOD.

Legally, many countries have taken various steps to legalize euthanasia based on their social, cultural and moral beliefs. Countries like Belgium, Netherland, and Canada have legalized certain forms of euthanasia under strict guidelines, many other forms of euthanasia like, active euthanasia and non-voluntary euthanasia are forbidden. In India, passive euthanasia has been allowed under strict guidelines, reflecting an approach to uphold the constitutional value of Article 21; Right to Life and Personal Liberty.

In conclusion, the issue of euthanasia is far beyond the issues of races, caste, religion, sex and colour. It

requires a detailed understanding on human suffering, individual rights, ethical principles and social responsibilities. Legal framework related to euthanasia must be drafted carefully to safeguard against the misuse and preserving the autonomy and dignity of those seeking relief from unbearable pain. With the changing society and law, the debate on euthanasia remains inclusive, compassionate and grounded both in medical ethics and human empathy, only then, we can balance the right to life and death.

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